Amendments to the Claims:

This listing of claims will replace all prior versions, and listings, of claims in the application.

These amendments introduce no new matter and support for the amendment is replete throughout the specification and claims as originally filed. These amendments are made without prejudice and are not to be construed as abandonment of the previously claimed subject matter, or agreement with any objection or rejection of record.

Listing of Claims:

1. (Currently amended) A composition comprising an inositolphosphoglycan (IPG) or an IPG synthetic analogue and ribose, wherein the IPG synthetic analogue has the ability to activate pyruvate dehydrogenase phosphatase.

2. (Original) The composition of claim 1 wherein the IPG is a P-type IPG.

3. (Original) The composition of claim 1 wherein the synthetic analogue is a P-type IPG synthetic analogue.

4. (Currently amended) The composition of claim 1, further comprising adenosine or purine, or a precursor of adenine nucleotide synthesis~~nucleotide precursor thereof~~.

5. (Previously presented) The composition of claim 1 or 2, wherein the composition is a liquid composition.

6. (Previously presented) The composition of claim 1 or 2, wherein the composition is a powder or concentrate from which a liquid composition can be prepared.

7. (Previously presented) The composition of claim 1 or 2, further comprising a pharmaceutically acceptable excipient.

8. (Withdrawn) A method of preparing a medicament for the treatment or prevention of an ischaemic-reperfusion injury, the method comprising:

providing an inositolphosphoglycan (IPG) and ribose or an IPG synthetic analogue and ribose in a pharmaceutically acceptable excipient.

9. (Withdrawn) The method of claim 8, wherein the IPG is a P-type IPG.

10. (Withdrawn) The method of claim 8, wherein the synthetic analogue is a P-type IPG synthetic analogue.

11. (Withdrawn) The method of claim 8, wherein the ischaemic-reperfusion injury arises from myocardial infarct, surgery or stroke.

12. (Withdrawn) The method of claim 11, wherein the surgery is open heart surgery, organ transplantation surgery, or heart or lung bypass surgery.

13. (Withdrawn) The method of claim 8, wherein the ischaemic-reperfusion injury results in apoptosis.

14. (Withdrawn) The method of claim 8, wherein the medicament further comprises one or more of:

(a) adenosine or purine or a precursor thereof;

(b) nicotinamide or derivatives thereof;

(c) a Ca^{2+} ion uptake inhibitor;

(d) a cardioplegic solution;

(e) means to maintain the glutathione system, such as glutathione peroxidase and the reduced form of glutathione (GSH); and,

(f) an endothelin inhibitor.

15. (Withdrawn) An in vitro method for preserving an organ for transplantation, the method comprising contacting the organ with a composition of claim 1.

16. (Withdrawn) The method of claim 15 wherein the composition is perfused through the organ.

17. (Withdrawn) The method of claim 15 wherein the organ is stored in the composition prior to transplantation.

18. (Withdrawn) A method of reducing loss of cellular ATP, the method comprising:

administering a composition comprising an inositolphosphoglycan (IPG) or an IPG synthetic analogue and ribose to a cell in a dose sufficient to prevent or reduce the loss of cellular ATP.

19. (Withdrawn) The method of claim 18, wherein the IPG is a P-type IPG.

20. (Withdrawn) The method of claim 18, wherein the synthetic analogue is a P-type IPG synthetic analogue.

21. (Withdrawn) The method of claim 18, wherein the loss of cellular ATP arises from an ischaemic-reperfusion event.

22. (Withdrawn) The method of claim 21, wherein the ischaemic-reperfusion event is a myocardial infarct, surgery, or stroke.

23. (Withdrawn) The method of claim 22, wherein the surgery is open heart surgery, organ transplantation surgery or heart or lung bypass surgery.

24. (Withdrawn) The method of claim 21, wherein the ischaemic-reperfusion event results in apoptosis.

25. (Withdrawn) The method of claim 18, comprising administering a prophylactically or therapeutically effective amount of the inositolphosphoglycan (IPG) or an IPG synthetic analogue and ribose to a subject with or at risk of an ischaemic-reperfusion injury.